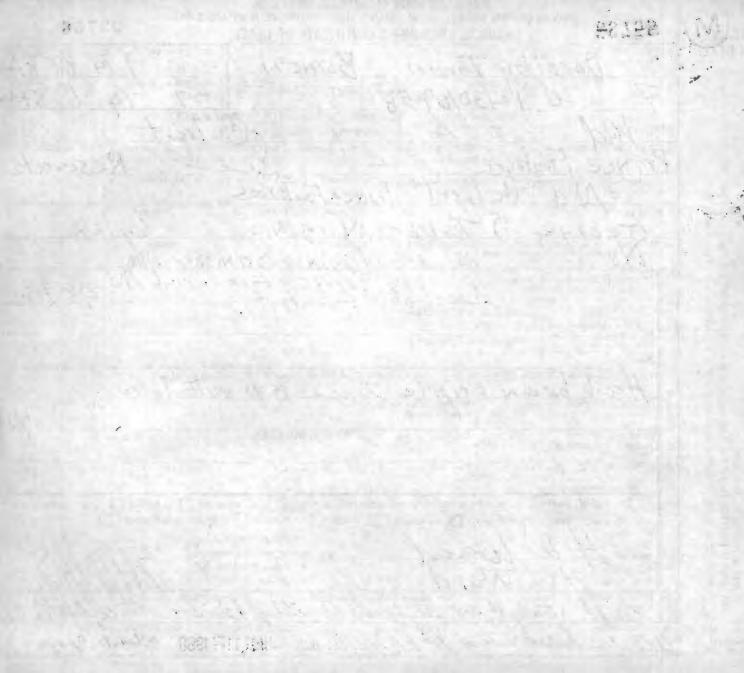
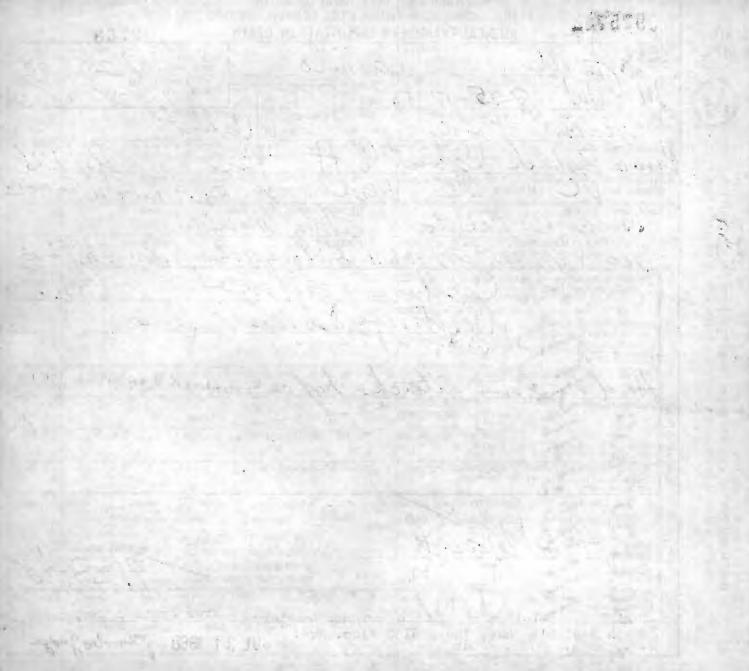
16	11	MARYLAND STATE DEPARTMENT OF HEALTH
Same I) .	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	ノ L	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1.	DECEASED-NAME 20. DATE KNOWN Month Day Year 26 HOUR
of of of		Type or Print) HoroThy Turner Boyse N DEATH MATED 7 14 88 8A
lay is 1 3 to Poge ent of	3.	SEX 4. RACE S. DATE OF BIRTH 16. AGE (IN YMORS I F UNDER 1 YEAR IF UNDER 24 HRS 2C. DATE PRONOUNCED DEAD 2d. HOUR
y dela 2, and PM3. I		4 12/30/09 99 99 VRS MONTHS DAYS MOURS MIN Manth 7 Day / 4 Year 68 8 14
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, E D 0	cal	intry) Md. 7.5.A, WIDOWED DIVORCED , a rest Md
th.	10.	CHY OR TOWN OF DEATH A III NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USBAL OCCUPATION (Kind of work done, 112b. KIND OF BUSINESS OR
after deoth. Iny delay is 8. Give Pages 1, 2, and 3 to alang with farm PM3. Page with the State Department of leath.	10	TINCO TROTOY gife street oddress) during most of working life, even if retired MOUSTRY
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haurs Office I and 2	14.	FATHER'S MAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle/ Lost
		George D Turker Virginia /1/es
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mithing of the poor of the poo		(Yes, ny, o yrinnown) (If yes give war or dates of service) 220-16-829 VIVA NICO ON MENIONICO
Examining File	=	
in the second se		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: APPROXIMATE INTERVAL BETWEEN ONST AND DEATH APPROXIMATE INTERVAL BETWEEN ONST AND DEATH
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should be executed withing he word "pending" in pending to the Chief Medical Examinate buriol-transit permit. File part in any event within 72 ho		Conditions, if any, which gove)
d b Chii	-	rise to immediate cause (a). (b)
ould word he Cl iaf-tra		stating the underlying cause DUE 10, OK AS A CONSEQUENCE OF
he when to the burn burn d'in		-3-2-2-1 (0
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his certi ate, writ e forwa be used removo	CERTIFICATION	WAS PERFORMED?
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INER: Tine certifice should be files.	AL C	21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.)
INER e cert shoul files. 3 shou ation	MEDICAL	CAUSE OF DEATH P.M. 19
	2	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street, factory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town County State
DEPUTY SICAL EXAMINER: This reessory, please execute the certificate, e funerol directar. Page 4 should be famoy be retained for your files. FUNERAL DIRECTOR: Page 3 should be a sailth prior to burial, cremation, or ren		WHILE NOT WHILE AT WORK AT WORK I AT WORK
ICAL I exector. Popular. Popul		22a. I certify that I took charge of the remains described abave, held an Autapsy, Inspection, Inquiry, and in my apinion
traine e e company of the company of		death resulted from: Natural causes X. Accident . Suicide . Hamicide . Undetermined manner .
please direct retaine DIRE		CHIEF MEDICAL EXAMINER
TY, ple erof di be ret AAL D		SIGNATURE
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166. WAS DECEASED FYER IN U.S. ARMED FORCES? (Yes, no, or unknown) 17. INFORMANT Mrs. Rosa Glovest Deale, Md. 20751 18. CAUSE OF DEATH (Enter only one couse portion for (o), (b), odd (c)). PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate couse (o). Stoting the underlying cause lost. (c) PART 2. OWER SIGNIFICANT CONDITIONS CONVRIBUTING TO OF RIBUTING TO OF WHICH OPERATION 199. CONDITION FOR WHICH OPERATION 199. CONDITION FOR WHICH OPERATION 199. CONDITION FOR WHICH OPERATION 20. AUTOPSY? YES NO. 12. INFORMANT Mrs. Rosa Glovest Deale, Md. 20751 APPROXIMATE HIBERVAL BETWEEN OBSET AND DEATH ADDRESS Mrs. Rosa Glovest Deale, Md. 20751 APPROXIMATE HIBERVAL BETWEEN OBSET AND DEATH APPROXIMATE HIBERVAL BETWEEN OBSET AND DEATH OF CONTROLLING TO OBJETH BOTT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) WAS PERFORMED? YES NO. 12. INFORMANT Mrs. Rosa Glovest Deale, Md. 20751 APPROXIMATE HIBERVAL BETWEEN OBSET AND DEATH APP
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21d. EXTERNAL CAUSE WAS 21b. Time OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern 18.)
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CAUSE OF DEATH P.M. 19
210. INJUNI OCCURRED 21e. PLACT OF INJUNI (AT nome, farm, street, 2100 UN Street or K.F.D. Iyo. (ity or fawn) 2001ty
Soo So So So White Not white At work of foctors fiftee building etc.)
22a. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my opinion death resulted fram: Natural causes , Accident , Suicide , Hemicide , Undetermined manner
22a. Certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my opinion death resulted fram: Natural causes Accident , Suicide , Hamicide , Undetermined manner
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22a. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry , and in my opinion death resulted fram: Natural causes Accident , Suicide , Hemicide , Undetermined manner ACTUAL SIGNATURE ACTUAL SIG
230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
REMOVAL (Specify) Telleral 1060 Smithwell 1 Charles Brolling Follows
DEMOVAL (Specific)



11111		- MARYLAND STATE DEPARTMENT OF HEALTH	
X		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	8.8
HEALTH DEPT.		ECEASED-NAME First Middle Q LOSS 20. DATE KNOWN Month	Doy Year 2b HOUR
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2, and PM3. PM3. P	_/	7 Y-22 -1/ 9 8 YRS.	10/ / SUM
	coun	BIRTHPLACE (State or foreign 76, CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
for te l		MINOMED MINOMED DINOKCED CHARACTER	Md
eath Poges ith for	189	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not if hispital 121 ISUAY OCCUPATION (Kind of work done give street address) dyling most of working life, even if retired.)	12by KIND OF BUSINESS OR
ofter death 8. Give Pages along with for with the State eath.	- A	me futence away of	UM MIX
olong with with	130.	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d MISTE CITY LIMITS 13e. STREET AND NUMBER	IV Cayle
V - 4 01 04 /		Amission) STATE / L 13b. COUNTY DC / Mash YES DNO 15439 Novel	The same
hours Item 1 Office office after d	14. F	ATARES NAME First Middle Lost V 15. MOTHER'S MAIDEN NAME First Middle	Last
4 = 10		Voseph C. Camilo Jun Musciole	
hin 2 niner i noges		WAS DECEASED EVER IN U.S. ARMED FORCES? [166. SOCIAL SECURITY NO. 17. INFORMANT / ADDRESS	Annex
Exominer Exominer Filt poge	97	es, no or unknown) (1/40 gree war or dates of survive) 5707-38-6071 Richard Cl. Carrelle, Son	Otem # 13
in w		18 CAUSE OF DEATH (Enter only one couse for line for (o), (b), and (c).)	APPROXIMATE INTERVAL
xecuted nding" i Medicol permit.		PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
din din berr		7824 IMMEDIATE CAUSE (o) DUE TO, OR PAS A CONSEQUENCE OF	1111
		Conditions, if any, which gove)	
		rise to immediate cause (a). (b)	
200 60		stoting the underlying couse But 10, OR AS A CONSEQUENCE OF	
s she whe was to the			
		PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)	
.5 db 6 .	NO.	Had Madan allece regor	**
certifi arwari used cused	SII	196. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
	CERTIFICATION		YES NO
= = = =		21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M.	im 18.)
INER: T be certific shauld b files. 3 should nation, ar	MEDICAL	CAUSE OF DEATH P.M. 19	
S E E	ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State
EXAMINER: cute the certing oge 4 shauld ryour files. Page 3 should, cremation, I, cremation,		WHILE NOT WHILE of foctory, office building, etc.) AT WORK AT WORK	
<u>~</u> = □ .~.∨		220. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry	, and in my opinion
		death resulted from: Natural copses Accident . Suicide . Homicide . Undetermined manner	
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please e director refained or to bu		ACTUAL AT 11 11 CAST CHIEF MEDICAL EXAMINER 22b, DATE	SIGNED 1
ITY ry, ple erol di be retu RAL Di prior		SIGNATURE AND APPLIES CHAMBER TO	0/1/2
DEPUTY eccssory, p ec funeral c may be re FUNERAL I		EXAMINER'S NAME (Type) ADDRESS(Street, city, town, of county)	28/68
ro DEPUTY DICA necessory, please ex the funeral director. 5 may be retained it to FUNERAL DIRECTO Health prior to bur	02-		
5-25-0	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)
N.	24	Removal (specific all sections) 8-1-1968 Gate of Heaven Cemetery Silver Spring.	
VR A15ME (5)	24.	Juneral Direction Bawler's Sons, Inc., 5130 Wisc. Ave. 250 REC'D BY REGISTRAR 256 REGISTRAR'S	
10M REV. 1/68		N.W., Wash., D.C., 20016 DATE JUL 3 1 1968	res Judge



funeral

death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

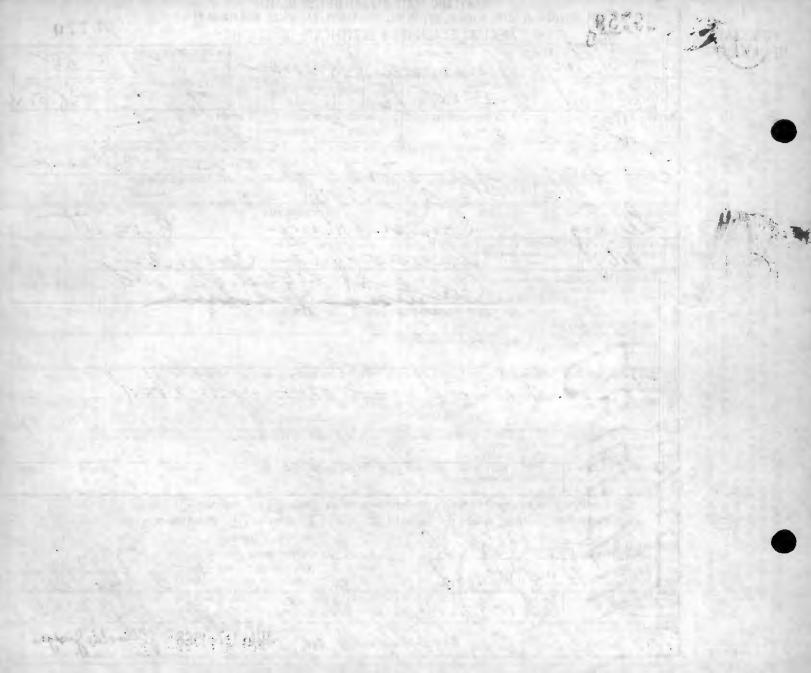
_			*12			
	PLACE OF DEATH			Where deceased lived, if in		before odmission)
	o. COUNTY CALVERT	MARYLAND	o. STATE Md.	Ь.	CALV	FRT
	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16		tside corporate limits, wri	7,121	
	write RURAL and give nearest town)		DUNKIRK.		3	
\vdash	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, gi	ive steppt address?	d. STREET ADDRESS			e. IS RESIDENCE
				DEDED TOX	ME	ON A FARM?
_	CALVERT HOUSE CORPORA			REDERICK,	MD.	YES NO X
3.	NAME OF First DECEASED P. T.D. T.E.	Middle	Last	4. DATE. OF	Month	Day Year
_	(Type or print) BIRDIE	NONE	CHASE	DEATH	7	8 1968
S.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In ye		AR IF UNDER 24 HRS.
	MALE NON/WHITE WIDOWED!	DIVORCED _	5-00-84	0/	yrs.	243 HOURS HEIM.
		ND OF BUSINESS OR	11. BIRTHPLACE (County	& State, or foreign country)		N OF WHAT
dyr	ing most of working life, even if retired) IND	DUSTRY	Md.		COUNT	S A
13.	FATHER'S NAME		14. MOTHER'S MAIDEN I	NAME		
	FIELDER CHASE		MATERIAL TEST	T ED		*
15	THE PERSON NAMED IN COLUMN STREET	OCIAL SECURITY NO. 17. I	MATT KY		Address	
(Ye	bs, no, or unknown) (If yes give wor or dotes of service) 21.	3-22-2687		ase. Will	ukirk,	md
-			nuce On	not. Will	JULKIT N.	
	18. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY:		ora Our			ONSET AND DEATH
	IMMEDIATE CAUSE (o)	prinary	veenu	ero		
	4/0 - DUE TO		, . 1.	wellers		
	Conditions, if ony, which gove (b)	enwege	1 ance	NI COLTE	7	
	stoting the underlying couse DUE TO	V				
	lost. (c)					
-	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	NDITION GIVEN IN PART 1	(0)	19. WAS AUTOPSY
101	4201		1.04			PERFORMED? YES NO
CERTIFICATION	20g. ACCIDENT WAS UNDERLYING [1] 20b. DES	CRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Part I' or Port II of item 1	8.)	
Die	OR CONTRIBUTING CAUSE OF DEATH		(and the second second second			
	(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeor 20d. IN.	JURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm	20f. (City or toy	vn) (County	(Stote)
MEDICAL	Hour o.m. While		ory, street, office bldg., etc.)		m) (coom)	(21016)
-	p.m. 19 of work					
	21. I certify that (1) (this hospital) attend			9, ta		, that (I) (we) las
	saw the deceased alive on file	19, ond tha	t death occurred at	M, from cau		date stated above
	220. SIGNATURE	in h	ATTENDING*	MED. STAFF	22b. DATE	SIGNED
	gunaeun	I.M	D. PHYS. L	DIRECTOR PHYS.	LI: /	5/6/
	22c. PHYSICIAN'S	annenc	22d. ADDRESS	Leona	RDIK	1
	NAME (Type) Roc VIII	1600				
230	D. BURNAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City		ounty) (Stote)
6	REMOVAL (Specify) 7-1/- 48	YOUNGS (h.cem.	HURTIM	9 town Co	a1. md
24	4. FUNERAL DIRECTOR	ADDRESS	2So. REC'I		Sb. REGISTOUR'S SIGN	ATUREO
	Propule E. Soul	& Vinine Tro	d. M4 DATE J	UL 1 2 1968	guare	00-
	TARREST TO THE TARRES	TO WATE CA.				

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely factor, page 3 should be detached far use as the burial-transit permit. Then please remave carbon should be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, with Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67

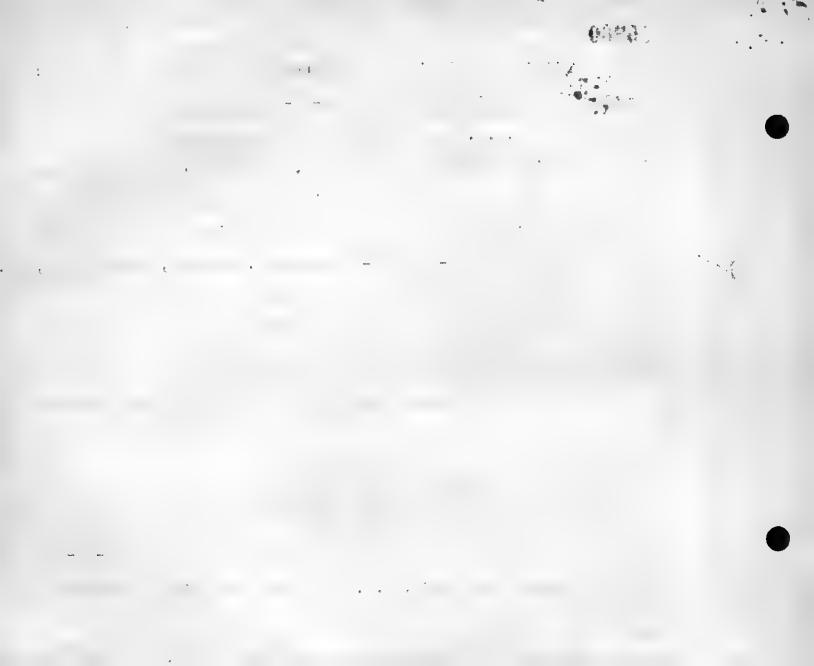
--- Marie Chase Bunkirk, Md,

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19		MARYLAND STATE DEPARTMENT OF HEALTH
t x		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTY DEPT.		ECEASED-NAME First Middle Lost 20. DATE KNOWN Month Doy Year 2b HOUR
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Page Programment	3. 5	EX. / 4 RACE S. DATE OF BIRTH 6 AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d HOUR
ny deläy 1, 2, and 3 m PM3. Pa Department	3. 3	A 25 a c last tringoy) MONTHS DAYS HOURS MIN MONTHS DOG YEAR OLD YEAR
y d P. or		VIII VI Z - DUID.
ep e		BIRTHPLACE State or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF SEATH
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	10. (THE OP JOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital DECEMBATION (Kind of work done 22% KIND OF BUSINGS OR
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will will	0	dmission) STATE / O 13b. COUNTY YES NO NO
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hin 2 line poges hours	140	WAS DECEASED EVER IN US ARMED FORCES? [166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
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with per Exam		224-42-5015 Wally Compression 224-42-5015 Wally Compression
ing" in idical E ermit. F		18. CAUSE OF DEATH (Enter only one couse per line or (a), (b), and (c) SIGNIFICATION OF APPROXIMATE INTERVAL PART I. DEATH WAS CAUSED BY:
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d be ex d 'pend Chief M transit p		Cónditions, if ony, which gove
word word the Ch rial-tra		nse to immediate couse (a), (b) DUE TO, OR AS A CONSEQUENCE OF
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is certifii te, writin forward e used a removal,	E S	WAS PERFORMED?
ot e e	CERTIFICATION	210. EXTERNAL CAUSE WAS 216. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
# 5 2		PRIMARY OR CONTRIBUTING HOUR A.M.
MINER: the cert the cert the should refiles. 3 shou matian,	MEDICAL	CAUSE OF DEATH P.M. 19
MINER the cer 4 shou or files. e 3 sho ematian	2	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, while most white foctory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town County State
XA te ge you cre		AT WORK AT WORK
Parent Pa		220. I certify that I taok charge of the remains described above, held on Autapsy , Inspection , Inquiry , and in my opinion
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DEPUTY Seessory, please e funeral direct may be retaine FUNERAL DIRECT SOUTH PRIOR FOR THE PRIOR		NAME (Type) H. W. Wash M.D. ADDRESS(Street, city, town, or county) Owings md.
O DEPUTY the funera 5 may be O FUNERA	22-	BURIAL CREMATION, 236 DAJE 23C. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
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	2.4	FUNERAL DIRECTOR APPORESS APPORESS LESO, REC'D BY REGISTRAR, L25b', REGISTRAR, L2
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10M REV. 1/68	0	(C WHITEROM & DOWN SPINORE, MY, DATE



1	1	09760	DIVISION OF VITAL RECORDS,		ESTON STREET, BAI		YLAND 21201		
		19760			TE OF DEATH		* 1	09771	
-/·		CEASED-NAME First	Middle		Lost *	2a. DATE OF			2b. HOUR
death. nera! and 2 death.	1	(ype or print) Lil	lian Virgini	a Ge	ardiner	Ju	1 Month 1 100Y	1968	9:20A
Ter Ter	3. \$1	F at	4. RACE	S	. DATE OF BIRTH			IF JAIDER 1 YEAR IF	UNDER 24 HRS.
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d ca	14	FATHER S NAME First	Middle Last		MOTHER'S MAIDEN NAME	First	Middle		Last
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ate by	160	WAS DECEASED EVER IN U.S. ARM	AED FORCES? 166 SOCIAL SECURITY I		ORMANT		Address		
Pertific Poval		es, na, ar unknawn) (If yes 91 kg J	212-5600	587 - T	Frances F	3. Ther	res. Hugh	nesvill	e Md
4 2 2	L	18. CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSED	ly one cause per une for (a) (b) and (c)					BETWEEN ONSE	IE IMLEKVA.
e death aftend sermit	L	IMMEDIA	ATE CAUSE (a)		CONCINON	no of	JEB G		
he deat attend permit	L	Canditions, if any, which gave)	DUE TO, OR AS A CONSEQUENCE OF	h	i Lu kore				
at t		rise ta immediate cause (a),	(b) DUE TO, OR AS A CONSEQUENCE OF		22.4.02.6.2	· · · · · · · · · · · · · · · · · · ·		+	
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death-certificate be executed within 24 hours after death Page 4 may be retained by the hospital ar attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by the attending the sign and campletely filled in branch funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban pages. Pages 1 and 3 should be filed with the State Dept. at Health priar to burial, cremation, or removal, and in any event, within 72 hours after death		stating the underlying cause sast	(c)						
quire shys igne suria		PART 2 OTHER SIGNIFICANT CON	NOTIONS CONTRIBLTING TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISEASE O	RCONDITION GIVEN	I IN PART 1(a)	-	
ng red	8	1460							
law endi s be as ti		19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED	20a. AUTOPSY?		YES, WERE FINDINGS CO.	NSIDERED IN CERT	(FYING
The att	CERTIFICAT				AEZ NO (
AN: of ar icate far u		21a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH	IG 216. TIME OF INJURY HOUR A.M. Month Day Year	21c HOV	V INJURY OCCURRED (En	ter nature of injur	y in Part 1 or Part 2, lite	em 18.)	
SICI spire entification in a contraction	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examinated likely of the contribution of the cont	ner) P.M. 19		ATION Street or R.F.D. N	I- C.b.	ar Town	Caunty	State
TENDING PHYSICIAN: ined by the hospital ar DR: After this certificate auld be detached far u the State Dept. af Heal	1~	7117110	PLACE OF INJURY (AT HOME, FARM, STREET FAR OFFICE BUILDING, ETC.	217 100	ATRON Street of K.F.D. r	ia. City	ar lawn	ranik	31016
NG the de		at wark at wark 22a, I sertify that (I) (the	is haspital) attended the deceasi	ed from	C967 19	, ta 3 s	19 14 19 6	8_, that () (we) last
NDI Se Standard		saw the deceased a	is haspital) attended the decease	9 <u>68</u> , and	that in (my) (aur) a	pinian death a	ccurred an the dat	e and haur ar	id from the
A daine the the the the the the the the the th		causes stated abave	e, (I) (we) (did) (did nat) view the	bady after de	eoth. ,		22c D	ATE SIGNED	
OR A DIREC		1,	· Se	DEGREE	ATTENDING PHYS	MED DIRECTOR	STAFF D	7-14-6	8
AL C		22d. PHYSICIAN'S	BN105 .		22e. ADDRESS	DIRECTOR —	11112		
FRA FRA or, F		NAME (Type) Issan	n El Damalouji,	M.D.	Prince	Freder	cick, Mar	vland-	
O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar ta	23a	BURIAL, CREMATION, 236	DATE 23c. NAME OF	CEMETERY OR C	REMATORY	23d LOCATIO	N (City or Town)	(County)	(State)
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		28.94			301 W. PRESTON S	STREET, BALTIN	NORE, MARYLAND 2120	I		
	I	tem#6 FilmGhO	8/1/64	km	CERTIFICATE O	F DEATH		- Jay	72	
1		(EASED-NAME Firs		Middle	Last		2a. DATE OF DEATH	Den Ynes		2b. HOUR
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3	3. SEX	(4. RACE		S. DATE OF	BIRTH	6 AGE (In years Last birthday)	OF UNCER 1 YEAR MONTHS ON	AR IF J	MDER 24 HRS.
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7	7a B	IRTHPLACE (State ar fareign	7b. CITIZEN OF W		B. MARRIED T NEVER N	SHORIED .	COUNTY OF DEATH			
		Md.	U.S.A			VORCED [Calvert Cou			Md
i	0 (TY OR TOWN OF DEATH	11 1	NAME OF HOSPITAL OR IN Estreet address)	ISTITUTION (If not in haspita	il 120 USUAL	OCCUPATION (Kind of work do	nne 12b. KIND d.) INDUSTR		NESS OR
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/ 1	14. F.	ATHER'S NAME First	Middle	Last	1s. Mother's	MAIDEN NAME Firs	st Middle)	l	ost
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-					9116 Madol	yn_Raw	lings Hunt	ingtow	ROXL AL	Md
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	-	PART I DEATH WAS CAUS	ATE CAUSE (o)		roeld	12 600	MA			
		4	,	AS A CONSEQUENCE OF	0.0	^				
		Conditions, if any, which gave use to immediate cause (a)	(0)			. 64.				
		stating the underlying cause	DUE TO, OK	AS A CONSEQUENCE OF						
		last.	(c)	AND TO DEST. PLY	IAT ATTACK TA THE TOTAL	DIAL BUCKLER ARCH	Marrian agent in case of a			
	-1	PART 2 OTHER SIGNIFICANT CO	DNDILION2 <u>CONTRIR</u>	BIING TO DEATH BUT I	FOI RELATED TO THE TERM	INAL DISEASE DICCO	NUTTION GIVEN IN PART I(a)			
	8	190 DATE OF OPERATION 199	CONDITION FOR W	HICH OPERATION WAS P	EDEODMED 200 AT	UTOPSY?	206 IF YES, WERE FINDING	GS CONSIDERED !	N CERTIE	YING
Y	CERTIFICATION	TO DATE OF OTERATION 17	COMPTION FOR W	INCITOTERATION WAS E	YES YES		CAUSES OF DEATH?	os consistanto i	it centil	
^\	ERT	21a. ACCIDENT WAS UNDERLY	ING 216. TIME (OF INJURY			nature of injury in Part 1 or Por	t 2, Item 18.1		
	₹	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M.	. Manth Day Year		terrine (and the state of t	-,		
		(If either, notify medical exam 21a INJURY OCCURRED 21	e. PLACE OF INJURY		(CYORY,) 21f, LOCATION S	treet or R.F.D. No	City or Town	Caunty		State
		While Not while at work		OFFICE BUILDING, ETC.		_	,	,		
		220. I certify that (I) (t	his haspital) at	tended the deceas	ed from		_, to 7-20	19.08 ,1	hat (I)	(we) last
		saw the deceased	alive an	1-50-88	19, and that in	(my) (aur) opin	ion deoth occurred an the	date and ho	int auq	from the
		causes stated obo	ve, (I) (we) (did) (did not) view the	body after death.			00. DATE CLOUE		
		22b SIGNATURE	- cruss 1	Y .,	DEGREE PHYS	IDING MEI	D. STAFF	22c. DATE SIGNED	,	
		22d PHYSICIAN'S	3 01-	7	11110	ADD RESS	ECTOR L PHYS. L			
		NAME (Type)			440.7	THEM IS BUILD				
	230	BUILDAL, CREMATION, 23b	. DATE	23c NAME OF	CEMETERY OR CREMATOR	y I	23d. LOCATION (City or Town)	(County)	[5	itate)
\cap	KUW.	REMOVAL (Specify)	7-28-68		hns Ch. C		Lusby	Cal.	M	d d
M	24.	FUNERAL DIRECTOR		ADDRES		2Sa RECD BY	REGISTRAR 25b. REGISTR	AR S SIGNATURE		
19		Perkney E	: Sew	El Preis	er Tred.	DATE JUL	3 0 1968 200	ionles &	medy	L

MAKTLAND STATE DEPARTMENT OF HEALTH



' I			301 W. PRESTON STREET, BALT		. 107 207 65
ı	29782		CERTIFICATE OF DEATH	IMORE, MARTEMED 21201	
1.	DECEASED-NAME First	Middle	Lost	20. DATE OF DEATH	2b. HOUR P
	(Type or print)		Gray	July 20	1968 8:30
3.	SEX .	4. RACE	5. DATE OF BIRTH	6. AGE (In years lost birthdoy)	IF UNDER TYEAR IF UNDER 24 HRS.
4	Female	Negro	7-18-68	- YRS.	MONTHS GAYS HOURS MIN.
7g	BIRTHPLACE (State or foreign *		8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
Ľ	unity) Maryland	.U.S.A.	WIDOWED DIVORCED	Calvert	Md.
	CITY OR TOWN OF DEATH rince Frederi	ck 11 NAME OF HOSPITAL OR INS	ounty Hosp.	AL OCCUPATION (Kind of work done ast of working life, even if retired.)	126 KIND OF BUSINESS OR INDUSTRY
13	JSUAL RESIDENCE (Where decens	ed tived if institution. Residence before		MITS? 13e. STREET AND NUMBER	
od	mission) STATEMarylan	d 13b. COUNTY Calvert		· Ç	
14	. FATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAME F	irst Middle	Last
L	Alvin E		Geraldine		
16	NO. WAS DECEASED EVER IN U.S. ARM Yes, no. or unknown) 1 (It yes give to	NED FORCES? 16b. SOCIAL SECURITY I		Address	
L				. Gray, Owings	Maryland APPROX MATE INTERVAL
	18 CAUSE OF DEATH (Enter on	ly ane cause per sine far (o), (b) and (c). BY:			BETWEEN ONSET AND DEATH
	IMMEDIA	TE CAUSE (o)	darely		
ı	777 X	DUE TO, OR AS A CONSEQUENCE OF			,
П	Candition's, if any, which gove rise to immediate couse (a),	(b)			
П	stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
ı		(()	OT RELATED TO THE TERMINAL DISEASE ORG	ONDITION CIVEN IN DADT I(=)	
П	7 77	IDITIONS CONTRIBUTING TO DEATH BUT IN	OF RELATED TO THE TERMINAL DISEASE OR	ONDITION GIVEN IN PART I(0)	
3		CONDITION FOR WHICH OPERATION WAS PE	REORMED 200, AUTOPSY?	206 IF YES, WERE FINDINGS O	ONSIDERED IN CERTIFYING
CEDTIEICAT	The same of orthographic		YES NO	CALIFOR OF DEATHS	
FEBT	210. ACCIDENT WAS UNDERLYIN	IG 21b. TIME OF INJURY		r noture of injury in Port 1 or Part 2,	Item 18.)
MEDICAL	G GRECONTRIBUTING CAUSE OF DEAT (If either, notify medical exami	HOUR A.M. Manth Day Year P.M. 19			•
MED		PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.		City or Town	County State
	While Not while at work of wark	OFFICE BUILDING, ETC.	1 -/	/	
ı	22a. I certify that (I) (th	is haspital) attended the decease	ed fram /// , 19_4	1, to 1/20, 19	60, that (I) (we) lost
ı	snw the decensed of	live on	and/that in (my) (aur) oni	nian death occurred on the do	ite and hour and from the
Н	22b. SIGNATURE	e, (I) (we) (did) (did not) view the	body after death	220	DATE SIGNED
l	220. SIGNATURE	Jona P.	DEGREE PHYS A	MED STAFF DIRECTOR PHYS.	7/2/18
L	22d PHYS CIAN S	0	22e ADDRESS	THE THIS -	7 -
	NAME (Type) Issam	El Damalouji.	M.D. Prince	Frderick, Mary	land
23	o. BURNAL, CREMATION, 236.		CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
	REMOVAL (Specify)	21- 65 Mt.H		Sunderland	Cal. Md.
2	FUNERAL DIRECTOR	ADDRESS		Y REGISTRAR 25b. REGISTRAR'S	
	Finkerry E.	Dewell true	a Tred. Alde DARUL	2 4 1968 gelion	Cal Jung

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			IND STATE DEPARTMENT OF HI S, 301 W. PRESTON STREET, BALTIM CERTIFICATE OF DEATH		+ m74
4		ECEASED NAME First Middle Type or pnnt) Lawrence Alvin	last Grierson	20 DATE OF DEATH July Month 23	1968 925 HOUR P.M
in any event, within 72 haurs after	3 SE	Male Cauc.	5. DATE OF BIRTH Jan. 25, 18	92 76 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. NONTHS DAYS HOURS MIN
	cour	8IRTHPLACE (Stote or foreign ntry) Maryland USA	WIDOWED X DIVORCED	Calvert	Md
	Pr	and the state of t	Nursing Home dunning most	OCCUPATION (Kind of work done st of warking life, even if retired)	12b. KIND OF BUSINESS OR INDUSTRY Construction
04	admi	ission) STATE 13b. COUNTY Calvert	Ches. Beach YES NO	X)	Lou
1		Andrew Griers	on A	nnie	Smith
		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) (4 yes gave war or dates of service) 218-10-2	17 INFORMANT 2249A Mrs. Sadie La	wson Wash. D.C.	Ave. S. E. 20027
		18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and part I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	(d)		APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
		DUE TO, OR AS A CONSEQUENCE (Conditions, if any, which gave)			
		rise to immediate cause (a). stating the underlying cause (a). OUE TO, OR AS A CONSEQUENCE (c)	DF .		
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 1(0)	
χ	CERTIFICATIO■	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS	PERFORMED 20g AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS CON CAUSES OF DEATH?	NSIDERED IN CERTIFYING
	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ORATH (If either, notify medical examiner) 21b. TIME OF INJURY HOUR A.M. Manth Day Ye		nature of injury in Port 1 or Part 2, Ite	m 18.)
	MEC		FACTORY.) 21f. LOCATION Street or R.F.D. No.	City or Town	County State
		22o. I certify that (1) (this hospital) attended the decet saw the deceased alive on_ causes stated gloove, (1) (we) (did) (did nat) view th	_19 _68 , and that in (mv) (our) apin		e ond hour and from the
		22b SIGNATORP		D STAEC (I	ATE SIGNED y 25,1968
1		NAMELYDE) G. J. Weems	22e. ADDRESS Huntingtow	n, Maryland	
F	В	BUR AL, CREMATION, REMOVAL(Specify) Urial July 27, 1968 Mt. F	OF CEMETERY OR CREMATORY Larmony Chr. Cem. ESS 125g. RECD BY	23d. LOCATION (City or Town) Owings REGISTRAR 25b. REGISTRAR 5 5	(County) (State)
8-	14.	- 1		3 0 1968 Pelion	las Judge



, I		ems 18&22aFilm 404 MARYLAND SIATE DEPARTMENT OF HEALTH em 6 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	de co
ÁTE I		Im G 403 8/2/48 11MEDICAL EXAMINER'S CERTIFICATE OF DEATH COFF.	75
EPT.		CEASED-NAME First Middle Lost 20. DATE KNOWN Month Day you or Print)	Yeor 2b HOUR
	- {1	DAVID GROSS DEATH MATED 7 23	1968 6p M
113	3 SE	X 4. RACE S DATE OF BIRTH 6. AGE (in years if LNDER I YEAR if UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD Jost birthdor) Months Day Year	2d HOUR
_		ale Colored 3 - 7 - 0 7 6465 YRS July 23	1968 6p M
	7o B Ount	DIRTHPLACE (Stote or topeign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
L		" 77 (G - M. 7 FT WIDOWED DIVOKED Calvert	O OF BUSINESS OR
ľ		during most of working life even if retired 1 INDUSTRY	
ī		Filling Flederick Calvert County	
	od	mission) STATE Md. 13b (OUNTY Barstow YES NO	
1	4 F/	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
	_	major Bross Eliza Commodere	2 md
		WAS DECEASED PAR IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT 25. 10. OF UNITADOWN) (If yes give war or dates of service) 20. 32 - 57 C MISS.	Time to
-	1	IN CAUSE OF STATE (S.)	PPROXIMATE INTERVA.
	- }	PART I DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) Arteriosclerotic cardiovascular disease	WEEN ONSET AND DEATH
	-1	141 of 1 DUE TO, OR AS A CONSEQUENCE OF	
	-	Conditions, if only, which gave	
ı	- 1	rise to immediate couse (a), Stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
ı		last. (c)	
	Ì	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
1700	No.	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20.	AUTOPSY?
TOVIT	E E	WAS DEDECORMEDS	YES DE NO
Crant	CERTIFICATION	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy Year 21c, HOW INJURY OCCURRED (Enter nature of neury in Port 1 or Port 2, Item 18)	KK III
	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
44000	E P	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f .OCATION Street or R.F.D. No. City or Town County	Stote
		WHILE NOT WHILE COLORY, office building, etc.)	
		220. I certify that I took charge of the remains described above, held an Autopsy 💢 Inspection 🔲, Inquiry 🔲, an	id in my apinian
		death resulted from. Natural couses 🗵, Accident 🗌, Suicide 🔝, Hamicide 🔲, Undetermined manner 🔲	
		CHIEF MEDICAL EXAMINER	
		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 226. DATE SIGNED	1066
		EXAMINER'S DEPUTY MEDICAL EXAMINER July 24,	1968
-		NAME (Type) Edward F. Wilson, M.D. ADDRESS(Street city, town, or county)	<i>I</i>
	2304	BURIAL PREMATION, 236 DATE 230 NAME OF CEMETERY OR CREMATORY (230 JOSATION (C ty or Town) (County)	Cali ma
F	24.	FUNDA DIRECTOR 2 ADDRESS 250 REC D BY REGISTRAR 256 REGISTRAR S SIGNATUR	
	0	though, (Stry Hundredown DATEJUL 30 1968 Actionly)	molge.



X N	1	22600	DIVISION OF			PRESTON STRE		RE, MARYLAND 21201	s: my my	ry.
(M)	Ιt	em#13c Film340				CATE OF D		10,	,	•
		CEASED-NAME First		Middle		• Lost	20.	. DATE OF DEATH	8 I968	2b. HOURS . Y
uneral I and	{1	ype or print) MICHA	LLL			KAISLR		Month D	DXXXXIII	4:10
after of fundamental after of the fundamental	3. SE	Х	4 RACE			S. DATE OF BIRT	Н	6. AGE (In years last birthday)	IF LINDER YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
the the safe	Ĺ	Male	*	White		7/26	/ I905	62 YRS		HOURS HIM.
	7o, E		7b. CITIZEN OF WE			NEVER MARRIE	L L	UNTY OF DEATH		
F 5 5 75		Maryland	Unit	ted States	WIDOWED	DIVORCE		Calvert C	ounty .	Md.
requires that the death certificate be executed within 24 hours after deat g physician. g physician. d signed by the attending physician and campletely fulfed in by the funeral e burial-transit permit. Then please remove carban logges. Pages I and a burial, crematian, arremaval, and in any event, with the pages.	10 (ITY OR TOWN OF DEATH	give s	AME OF HOSPITAL OR INS street oddress)			during most of	CUPATION (Kind of work done working life, even if retired.)	12b KIND OF 8 INDUSTRY	USINESS OR
ed within pletely farban carban ent, with		Prince Freder	.ck. Md.	Calv	ert Co	ounty Hos	soital -			helvill
rent can	130 odm i	USUAL RES DENCE (Where deceosession) STATE	Id lived, it institut 135, COUNTY		A 10 10 100	200	ES NO.	13e. STREET AND NUMBER 16409 Abbey		
carr carr nove	<u> </u>	Maryla	a d	Calvert		ous by		Middle	Dr. Ma.	
and rem	14. 1	ATHER S NAME First	Middle	Lost		IS MOTHER'S MAID			7	Lost
ate b ician lease and i	160	Ferdinand WAS DECEASED EVER IN U.S. ARM	EU EUBLESS	Kaiser	io 117	INFORMANT	Margar	Add LA	409 Abbes	ucas
ertificate b physician en please eaval, and i	y y	es, no, or unknown) (If yes give w	ir or dates of service)	212-10-0	n ~ 0		Charloti	te Pardoe, Mit		
rerti 1 ph hen nav		18 CALISE OF DEATH /Fotor and	v one couce not li	so for (a) (b) and (c)	1				APPROXIA	LATE INTERVAL
he death cei e attending p permit. The		18 CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED	BY	te for (o), (b) and (c)	1 . 12 00	o Cor	West	2 Borles Coll	BETWEEN OF	ISET AND DEATH
der itten itten n, a			TE CAUSE (o)	AS A CONSEQUENCE OF		N/a	1			-
the c		4/09 Conditions, if ony, which gove)	(b)	S I CONSEQUENCE OF	Ci	2100na	7 110	on his.		
that an. by t rans crem		rise to immediate cause (a), stating the underlying cause		AS A CONSEQUENCE OF			4			
ohysicia ig=ed ti urial-tr		iost	(c)							
quires the physician signed by burial-tro		PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBU	TING TO DEATH BUT N	OT RELATED	TO THE TERMINAL D	ISEASE OR CONDIT	TION GIVEN IN PART I(0)		
The law.re attending has been se as the h priar to	8	*, . /								
The law.r	CERTIFICATION	19a. DATE OF OPERATION 19b.	COND.TION FOR WH	ICH OPERATION WAS PE	RFORMED	20a. AUTOPS		20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CE	RIIFYING
ar at the house safth	ERTIF	210. ACCIDENT WAS UNDERLYIN	G 21b. TIME O	F IN LIBY	101.	YES	NO 🔲		Janes 191	
al o al colicat		CTOR CONTRIBUTING CT CAUSE OF DEAT	HOUR A.M.	Month Doy Year		NOW INSURT OCCUR	KKED (ENTER HOTE	re of injury in Port 1 or Port 2	, nem 10.)	
SIC Spit Sertif ed t. of	MEDICAL	(If either, notify medical examination of the control of the contr	er) P.M.	AT HOME FARM STREET FAC		IDCATION Street	or P.E.D. No.	City or Town	County	Stote
ENDING PHYSICIAN: ned by the haspital ar R: After this certificate uld be detached far u		While Not while of work	FLACE OF HISSKI	AT HOME, FARM, STREET, FAC OFFICE BUILDING, FTC) 211	COCKHON JIIGGE) K,Fa2- 140	City of TOWN	CODING	31010
× th × th eer the deer deer deer deer deer deer deer de		220 Leantifu that (1) (thi	s hospital) att	ended the decease	ed from.			, to, 1	9, that	(1) (we) last
d b d b d b		sow the deceased a	ive on	1	9, o	nd thot in (my)	(our) opinion	deoth occurred on the	date and hour	and from the
F daile			, (I) (we) (did)	(did not) view the	body offer	deoth.		1 00	c. DATE SIGNED	
OR ATTENE be retained DIRECTOR: A le 3 should ed with the		22b. SIGNATURE	1 among	*	DE	GREE PHYS.	MED	C STAFF C	C. DATE SIGNED	
N Ded		22d. PHYSICIAN'S	7		DE	22e, ADDRE		OK CO PRIS. CO		
RAIL PITA		NAME(Type)ISSAM I	el DA	MALOUJI M	.D.			rederick, Md.		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Page 4 may be retained by the haspital at attending physician. TO EUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely, director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban should be filed with the State Dept. at Health priar to burial, cremotian, arremoval, and in any event, with	23o	8 URIAL, CREMATION, 23b I REMOVAL (Specify)		23c NAME OF		R CREMATORY	230	LOCATION (City or Town)	(County)	(Stote)
2 2 2 5 5 A		REMOVAL (Specify)	1/11, 19	68 Drui	Ride	e Cemete	ry	Baltimore, Mar	yland	
VR A15	24.	FUNERAL DIRECTOR	Z	ADDRESS		2		ISTRAR 1968 REGISTER	SESSION BUT E YOU	7
30M REV. 68	1	E. TOWELL LEN	mon, 461	1 Park Hei	ghts	Ave.	DATE JUL -	ם ייייי	U	



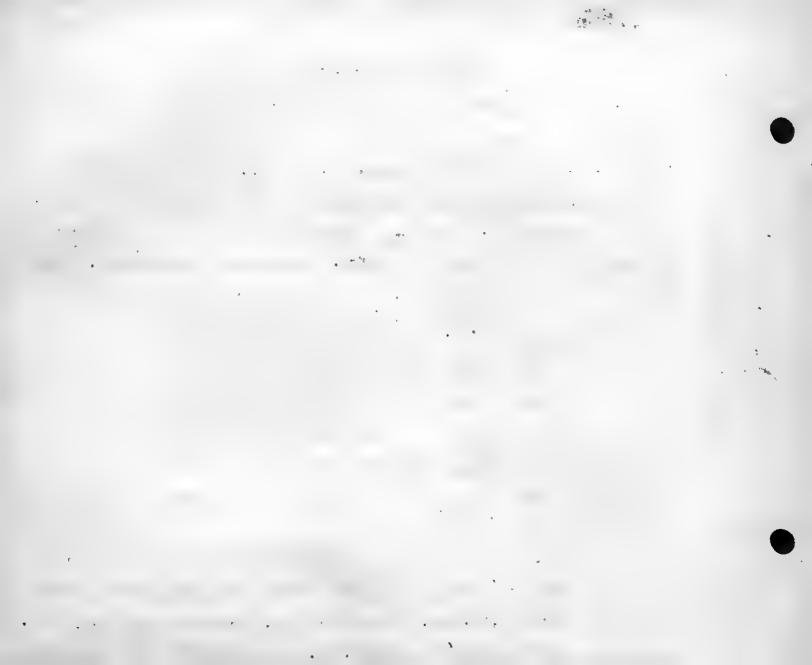
	1	- MARYLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.		ECEASED-NAME , First Mode . A God 1 20 DATE KNOWN Month Day Year , 2b HOUR
× 2/3× ×3/	1	Type or Print - rady tarhour Mc orte DEATH MATED 7 19 19/8/94519
3 maV =	3 5	
9 B 0 B		last trichday) MONTHS DAYS HOURS MIN MONTHS DOY (Year 400
2, 24 P.W. 0 art	7	
B B -	(00)	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH
far far te l	<u>. </u>	Md Millowed Divorced Carlower Md
Poges with far	10.	TY OR TOWN OF DEATH II MAMY O HOSPITAL OR INSTITUTION If not in pospital TOWN OF DEATH
ofter death 8. Give Pages olong with farr with the State I		TINCE (rec)er lave sincer address very (0) # during/post at marking life event feeted) INDLSTRY
ofter 8. Giv otong with	13a	USUAL RES DENCE Where deceased , ved, if institution Bendence before 13c CITY OR TOWN 13d HISTORY TY LIMITS? 130 STREET AND NUMBER
	0	dmiss on) STATE 13b. COUNTY Co Washing TEXES INO 10 340 CONTYOT AVE
hours Item 1 Office I and 2 offer d	14	ATHERS NAME First Middle Lost 15. MOTHERS MA DEN NAME First Middle Lost
		JOSEPH MC CORKLE ANNIE CARTER
hin 22	160	
		(es, no, or unknown) (If yes give war or dates of service)
	-	
~ .= . E		18 CAUSE OF DEATH (Enter only one couse per ne for (o), (b), and (c)) APPROX MATE INTERVAL EXTWEEN OWSET AND DEATH
d be executed d "pending" ir Chief Medicol E fronsit permit. I y event within		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) TRUCK WE BY THE GOVERNMENT OF THE SCHOOL AND DEATH
M P F		DUE TO, OR AS A CONSEQUENCE OF
be exc "pend nief Me onsit pr		Conditions, if any, which gove) (b) Aul a accident
ould word he Ch tot-fra		rise to immediate cause (a), Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
2 2 = = = =		lost
N 9 0 5		PART 2_OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REPATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(0)
is certificate farworded it e used as a kermonded it		TO CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION TO DEATH BUT NOT REPRESENTED TO THE DERMINAL O SEASE OR CONDITION GIVEN IN PART 1(0)
writing worded worded sed os oval, o	8	19- DATE OF OPERATION 19- CONDITION FOR WHICH OPERATION 120 AUTOPSY?
certifi , writi arwor used moval	3	WAS PERFORMED?
4 9 9 4	CERTIFICAT	YES NO Z
年二 ヱ º		2 o EXTERNAL CAUSE WAS 21b T ME OF INJURY Month, Doy, Year PRIMARY OR CONTRIBUTING HOUR A.M. 21c HOW IN. URY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
NER: I certific hould b hould b lies. should thou, or	#EDICAL	CAUSE OF DEATH PM 19 COP & OF COMME
A B R E W E C.		21d. IN. JRY OCCURRED 21e. PLACE OF INJURY, (A) home, form, street, 21f. 10CATION Street or R.F.D./No (Lity or Town), County State
CAL EXAMINER: execute the certs tar. Page 4 should ed for your files. CTOR: Page 3 shou buriof, cremation,		WHILE NOT WHILE AT WORK AT WOR
bloat Execut director. Pag director. Pag broined for y DIRECTOR: P		220. I certify that I took charge at the remains described above, held an Autopsy. Inspection . Inquiry . and in my opinion
CAI ex ex dd fe for in		
oleose direction direction of the bixection of the bixect		
please direct direct correction to I		ACTUAL ## CHIEF MEDICAL EXAM NER
		SIGNATURE AND ASSISTANT MEDICAL EXAMINER 220. DATE SIGNED
pepury cessory, e funeral may be FUNERAL		EXAMINER'S DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER
		NAME (Type) T. W. WARD Wings, ind. ADDRESS (Street, cty, town, or county)
5	230	BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Store)
r		Bureal 7-23-68 WASH. NATIONAL Suitland Med
K	24.	FUNERAL DIRECTOR / L. S. L. J. O. D. ADDRESS 250 REGISTRAR 250 REGISTRAR SIGNATURE
VR A15ME (5)		4308 Sultand Pd Suittand med DATE JUL 25 1968 Charles Judge



County of Pick Coun			MARYLAND STATE DEPARTMENT OF HEALTH
TO DECERSED NAME (Type or print) The country of marking the country of the count	(*)		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
DECEASED NAME (Type or print) DECEASED NAME (Type or print) Deceased print) Deceased print Deceased		Τ±	CERTIFICATE OF DEATH
3. SEX 4 RACE S DATE OF BIRTH A D. A SEP (In year) FINANCE 174 ARE 18 UNDER 274 HEX. MINDOWED OF COUNTY OF MEATH TO CHY OR TOWN OF DEATH 10 CHY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution give street address) 130. USUA, RESIDENCE (Where decesed lived, it institution Residence before 132 CITY OR TOWN 130. USUA, RESIDENCE (Where decesed lived, it institution Residence before 133 CITY OR TOWN 130. USUA, RESIDENCE (Where decesed lived, it institution Residence before 133 CITY OR TOWN 134. FATHER'S NAME 144. FATHER'S NAME 155. MOTHER'S MADDEN NAME First Middle 156. WAS DECEASED EVER IN U.S ARMED FORCES? Yes, no grunknown) 166. SOCIAL SECURITY NO 17 INFORMANI 180. AND THE SMADLEN NAME First Middle 181. CAUSE OF DEATH (Enter only one cause per sine fa; (c), (b), and (c)) 181. CAUSE OF DEATH (Enter only one cause per sine fa; (c), (b), and (c)) 182. AND THE SMADLEN NAME FIRST 183. AND THE SMADLEN NAME FIRST 184. CAUSE OF DEATH (Enter only one cause per sine fa; (c), (b), and (c)) 184. CAUSE OF DEATH (Enter only one cause per sine fa; (c), (b), and (c)) 185. MOTHER'S NAME FIRST 184. CAUSE OF DEATH (Enter only one cause per sine fa; (c), (b), and (c)) 185. MOTHER'S NAME FIRST 185. MOTHER'S NAME FIRST 186. SOCIAL SECURITY NO 187. THORMANI 187. THORMANI 188. CAUSE OF DEATH (Enter only one cause per sine fa; (c), (b), and (c)) 188. CAUSE OF DEATH (Enter only one cause per sine fa; (c), (b), and (c)) 188. CAUSE OF DEATH (Enter only one cause per sine fa; (c), (b), and (c)) 188. CAUSE OF DEATH (Enter only one cause per sine fa; (c), (b), and (c)) 189. CAUSE OF DEATH (Enter only one cause per sine fa; (c), (b), and (c)) 180. CAUSE OF DEATH (Enter only one cause per sine fa; (c), (b), and (c)) 180. CAUSE OF DEATH (Enter only one cause per sine fa; (c), (b), and (c)) 180. CAUSE OF DEATH (Enter only one cause per sine	2 82		ECEASED-NAME First Middle Lost 2a DATE OF DEATH 2b HOUR
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230 BURIAL (REMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATION 23d. COCATION (Crty or Town) (County) (Stote)	House C	23a.	BURIAL, CREMATION, 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. OCATION (City or Town) (County) (Stote)
24 FUNERAL DIRECTOR ADDRESS 1250 REGISTRAR 2 SER REGISTRAR S SIGNATURE	2 2 2	-	Cremating July 20,1768 Legar Hill Chemating Duilland, Trine, Googo, 10,
30M REV 1.68 G. C. Narbages - Son Brt Trepuble Md. DATE JUL 2 2 1968 Relianter Cuese.	VR A15 (4)	144	







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	L	stating the underlying callast	DUE TO,	OR AS A CONSEQUENCE	OF V	of BX	les	7		υ
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	2	170x	***	**						
	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FO	R WHICH OPERATION WAS	PERFORMED	20a. AUTOPS	Y?	20b IF YES, WERE FINDIN	GS CONSIDERED IN CE	RTIFYING
1	IĔ					YES 🗀	NO 🗀	CAUSES OF DEATH?		
		21 a. ACCIDENT WAS UNDER OR CONTRIBUTING CAJSE OF	LYING 21b. TII	ME OF INJURY		HOW INJURY OCCUR	RED (Enter natu	re of injury in Part 1 or Part	t 2, Item 1B.)	
	MEDICAL	(If either, notify medical ex	aminer)	P.M.	19					
	×	21d. INJURY OCCURRED While Not while at work	21e. PLACE OF INJ	URY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY) 21f.	LOCATION Street of	ar R.F.D. No.	City ar Town	County	State
		22a. I certify that (I) saw the decease	(this haspital)	attended the dece	sed_from_	Nov. 7	, 19 <u>.65</u> _	to July 31,	19_68_, that	(I) (we) last
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	23a		3 DATE 68			OR CREMATORY	23d	LOCATION (City or Town)	(County)	(State)
		REMOVAL (Specify)	3-68	Bibl	e Way	Ch.Cem	P	rince Fred		Md.
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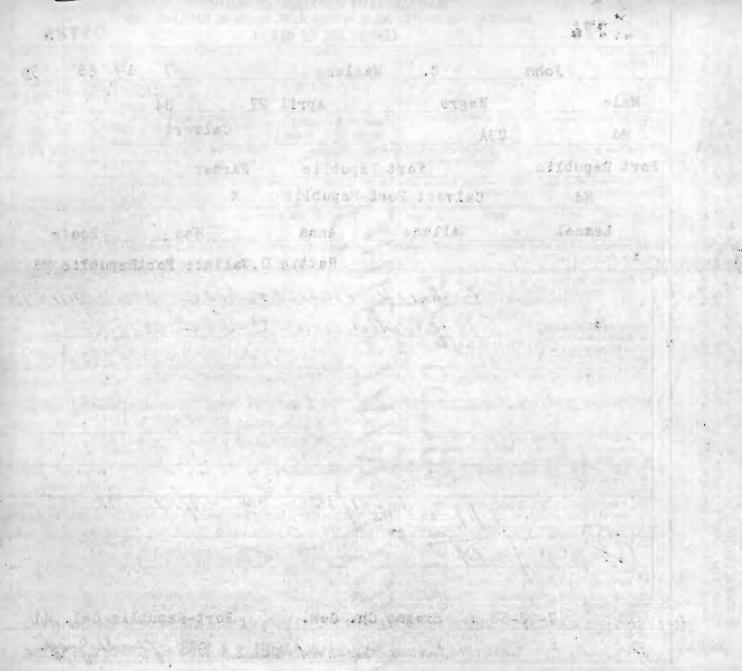
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	So. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SDCIAL SECURITY NO 17 INFORM Yes, rio, or unknown) (If yes give wor or dates of service) 220_16_8255	
L	Yes, fib, or unknown) (II yes give wor or dates of service) 220–16,–8255 V13	la L. Saunders Pert Republic, M.
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	APPROXIMATE INVERYAL BETWEEN ONSET AND ORATM
П	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	Ollum
	DUE TO, OR AS A CONSEQUENCE OF	7
	Conditions, If any, which gave a rise to immediate cause (a), (b)	luce
	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
	last. (c)	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE T	TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
	20. DATE OF ORDITARY AND CONDITION FOR HIRDEN OPPOSITION OF OPPOSITION AND ADDRESS OF THE PROPERTY OF THE OPPOSITION OPPOSITION OF THE OPPOSITION OPPOSITIO	A AUTODOVA
X	19d. Date of Operation 19b. Condition for which operation was performed 20	00. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	216. HOW INJ	YES NO DIVERSED (Enter nature of injury in Port 1 or Port 2, Item 18.)
	OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Manth Day Year	JOKE OCCURRED (Emile nations of sinjury in Port 1 of Port 2, Heili 18.)
MEDIC	[It either, natity medical examiner) F.M. 9	N Street at R.F.D. No. City or Town County State
	While Not while OFFICE BUILDING, FFC	a super of restriction could stone
	DI TIGIR DI TIGIR	, 19, ta, 19, that (I) (we) la
	22a. I certify that (I) (this haspital) attended the deseased from saw the deceased alive on 1961, and that	t in (my) (aur) apinian death accurred on the date and haur and from the
Т	causes stated above, (1) (we) (sto) (did not) view the bady after death.	1.
١	22b. SIGNATURE	ATTENDING MED. STAFF 22c. DATE SIGNED
	22b. SIGNATURE DEGREE DEGREE	ATTENDING MED. STAFF PHYS. D
	22b. SIGNATURE DEGREE DEGREE	ATTENDING MED. STAFF
2	226. SIGNATURE 226. PHYSICIAN S NAME (Type) 30. BIMAL, CREMATION. 236 DATE 236 NAME OF CEMETERY OR CREMA	ATTENDING MED. PHYS DIRECTOR PHYS. 22e. ADDRESS ATORY 23d OCATION (City or Town) (County) (State)
	226. SIGNATURE DEGREE 22d. PHYSICIAN S NAME (Type) DEGREE 22d. VIII D RICCA 2	ATTENDING MED. PHYS DIRECTOR PHYS. 22e. ADDRESS ATORY 23d OCATION (City or Town) (County) (State)



	1			ID STATE DEPARTMENT U		
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<i>P</i> •		# A 6 4 A		CERTIFICATE OF DEAT		
# =2# # =2#		CEASED NAME First ype or print)	Middle	Lost	2o. DATE OF DEATH Month	Doy Year 2b. HOUR
deo deo deo	L'	FRANK		SETDET.	7	21 68 3:30
fur fer	3 58	X	4 RACE	S DATE OF BIRTH	/I2/ OI 6. AGE (In years last birthday)	1F UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
the age:	1	IATJE.	THEFT	~09~~~		YRS. Months Datis Hooks Min.
nours after deoth. by the funeral Pages 1 and 2	70 1	BIRTHPLACE (State or foreign 7	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED	9. COUNTY OF DEATH	
幸 三度型 /	cour	LITHUANTA	II Q	DUIDOUED DUIDOCCO CT	Cat viena	COUNTY Md
La line and a line and	10. 0	ITY OR TOWN OF DEATH	II. NAME OF HOSPITAL OR IN	STITUTION (If not in hospital 120.	USUAL OCCUPATION (Kind of Work d	one 126. KIND OF BUSINESS OR
ond completely filled in by the funeral remove torbon papers. Pages 1 and in any event, withing hours after deat	,	PRINCE FREDERI	give street oddress) CK_ND_CALVE	RT COUNTY HOSPITA	ng most of working life, even if retire T.	ed } INDUSTRY
d w corb	130.	USUAL RESIDENCE (Where deceased	lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE	CITY LIMITS? 13e STREET AND NUMBER	R
omp ve c	odm	ssion) STATE Maryka na	13b. COUNTY CATAVERT	-Lusby - YES	NO 🔀	
d co	14	ATHER'S NAME First	, Middle Lost	15. MOTHER S MAIDEN NA	ME First Midd	le Lost
on in e		JOE EDI	h Chaim Soil	le/ ?		
proficult be executed within 24 hours after deoth physician and completely filled in by the funeral hen please remove corbon papers. Pages 1 and 2 moval, and in any event, within 21 hours after death		WAS DECEASED EVER IN U.S. ARMEI		NO 17. INFORMANT	Addre	55 /
\$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Ι ,	es, no, or Linknown) (If yes give wor	or dates at service) 578-38 - 2	031 Prs. Triscilla	Seigel Lus	by Md.
a Per o		18. CAUSE OF DEATH (Enter only	one cause per lige far (a), (b), and (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
를 늘 은		PART I DEATH WAS CAUSED	ECAUSE (G) MYOCARI		CTION	Formin.
de de erm		, IMMEDIAL	DUE TO, OR AS A CONSEQUENCE OF			
the original option	1	Conditions, if any, which gave	(b) CORONAR		CEROSIS	
hot n. ons	П	rise to immediate cause (o), (stating the underlying couse(DUE TO, OR AS A CONSEQUENCE OF			
es t sicia ed t ol-tr	П	lost	(t)			
requires that the death with the beexecuted with sphysician. I signed by the attending physician and completely buriol-transit permit. Then please remove corbor a buriol, cremotion, or removal, and in any event, with		PART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT I	OT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1(o)	
ng l		t				
n diiw	ATIO	190. DATE OF OPERATION 196. CO	NDIT ON FOR WHICH OPERATION WAS P	ERFORMED 20a. AUTOPSY?		NGS CONSIDERED IN CERTIFYING
The atte	CERTIFICATION			YES N	O CAUSES OF DEATH?	
or are eoft		210. ACCIDENT WAS UNDERLYING			(Enter noture of injury in Port 1 or Pa	rt 2, Item 18.)
CA Figure 12 A	MEDICAL	OR CONTRIBUTING CAUSE OF OEATH	HOUR A.M. Month Day Year	9		
YSI nosp cer chec	E	The state of the s	LACE OF INJURY (AT HOME, FARM, STREET FO	ACTORY.) 21f EOCATION Street or R F C	D. No City or Town	County State
TENDING PHYSICIAN: ined by the hospital or DR. After this certificate ould be detached for the Stote Dept. of Heol		21d. INJURY OCCURRED 21e P While Not while 1 at work of work	COLLEGE BOILDING ELC	41 1.	~ (1	
N ING	П	22n certify that (1) (this	haspital) attended the deceas	sed from /24/68.	19, to 1/24/68	, 19, that (!) (we) last
N S S S S S S S S S S S S S S S S S S S	ш	saw the deceased all	ve on _//24/67_	19 on a thot in imv) (our) apinion death occurred on th	e dote and hour and from the
D T TE		22b. SJENATURE	(I) (we) (did) (did not) view the	body offer deofn.		22c, DATE SIGNED /
R A A SEC 3 SI	П	220, SIGNATURE + T	Lileton W	D DEGREE PHYS	MED. STAFF	7/2/1/2
L OR r be r DIRE		22d. PHYSICIAN'S	Jorgan 10	22e, ADDRESS	DIRECTOR PHYS.	1/24/00
MD)	1	NAME (Type) ROBE	RT T STUGIETON			
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the buriol-tron should be filed with the State Dept. of Health prior to buriol, cre	230	(BURIAL CREMATION) 23b DA		CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
Shoot Shoot	250	REMOYAL (Specify)	/11 21 1968 Nation	m/ Memorial Com	to talla Church	France Co The
	24.	FUNERAL DIRECTOR	ADDRES	1250 RE	CD REGISTRAR 2Sb. REGIST	RAR S SIGNATURE
VR A15 [4] 30M REV. 1768	1	(1. Haxkages V	Day lat repu	blic, Med. DATU	129 1968 RCL	orlan ludge
	17	of the state of th				- 4 4

	00774.	DIVISION OF VI		W. PRESTON STREET, IFICATE OF DEA		ARYLAND 21201	0978	5
	Time or seint	ehn ehn	Middle C. W	allace	2g. DATE (F DEATH	^y 68°°	26. HOUR
3. 5	Male	4. RACE		S. DATE OF BIRTH April	27	6. AGE (In years last birthday) 84 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
COFI	BIRTHPLACE (Stote or foreign intry) Md	USA	WIC	RRIED NEVER MARRIED DIVORCED		F DEATH Vert		Mc
1	city or town of DEATH Port Republ	ic give street	of Hospital or Instituti	Republic du	ring most of working	N (Kind af wark dane g life, even if retired.)	12b. KIND OF E INDUSTRY	USINESS OR
odr	. USUAL RESIDENCE (Where di nissian) STATE Md	ecoosed lived, it institution:	Kesidence before 113c.	-Republions	NO 🗶	TREET AND NUMBER		
14.	FATHER'S NAME First Lemuel	Middle	allace	15. MOTHER'S MAIDEN Anna		Middle Mare	Boots	Last
	. WAS DECEASED EVER IN U.S.		b. SOCIAL SECURITY NO.	17. INFORMANT		Address ce PortRe		Ma
2	Canditions, if any, which grise to immediate cause (stoting the underlying calost. PART 2. OTHER SIGNIFICANT	(v), (b) DUE TO, OR AS A	CONSEQUENCE OF COMSEQUENCE OF	ATED TO THE TERMINAL DISEA	ASE OR CONDITION GIV	EN IN PART 1(0)		
CERTIFICATION		196. CONDITION FOR WHICH		YES 🗀	NO CAÜS	F YES, WERE FINDINGS (ES OF DEATH?		RTIFYING
MEDICAL CE	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSE OF	FOEATH HOUR A.M. A	Manth Day Year 19	21c. HOW INJURY OCCURRED		ury in Port 1 or Port 2,	Item 18.)	
*	While Not while at wark			21f. LOCATION Street or R.		y or Town	Caunty	Stote
		this haspital) affected ad alive an Joave, (I) (we) (dia) (dia	19/2	and that in (my) (at	, 19.65, ta ur) apinian death	occurred an the di		(I) (we) las ind fram the
٠	22b. SISMATUBE 22d. PHYSICIAN'S NAME (Type)	YEN		DEGREE ATTENDING PHYS. [22e. ADDRESS	MED. DIRECTOR	STAFF PHYS,	DATE SIGNED	
	REMOVAL (Specify)	23b. DATE 7-22-68		Ch. Cem.	Por	ION (City or Town) -Republi		(Stote) Md
24.	FUNERAL DIRECTOR	Sauce	PADDRESS	250.	REC'D BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE	pe

MARYLAND STATE DEPARTMENT OF HEALTH



1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	9726
HEALTH DEPT.	1. DECEASED NAME / //First Middle) / 20 DATE KNOWN Month	Day Year 2b. HOUR
of ge	(Type or Print) Walker Louis UGSon to DEATH MATED 7	6 685PM
deloy is and 3 to A3. Poge fment of	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR JADER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d HOUR
My Sand	17 17 17 17 18 1 1 1 1 1 1 1 1 1 1 1 1 1	Year 8 57M
1 3	70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTRY OF JEATH	
ago de la companya de	COUNTRY) Wash., D.C. U.S.A. WIDOWED DIVORCED 120 USA OCCUPATION (Kind of work done	Md. 12b. KIND OF BUSINESS OR
0 0 3	Smale here give treet plant of a duing most of working life, even if retired.)	INDUSTRY
	13a. USUAL RESIDENCE Where degrased lived, if institution: Residence before 11. CITY OF COMM 13d. (NSIDE FITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY	
hour Item Office ofter	14. FAFHERYS NAME First Middle 15. MOTHER MAIDEN NAME First Middle	Lost
hin 24 niner's niner's poges hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO. 17, INCOMPANY OF THE PROPERTY OF THE PRO	
	(Yes, no ar unknown) (If yes give war or dates of service) 578221814	
in pe in pe I Exar File in 72	18. CAUSE OF DEATH (Enter only one cause per life on (a) (b), ord (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in nief Medical E ansit permit. F event within	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Att by Whiterend	DEFINER VIGE SHO DEATH
be executed the second	DUE TO, OR AS A CONSEQUENCE OF	
d 'ped 'pechie	Canditions, if any, which gave rise to immediate cause (a), (b)	
should be e ne word "per to the Chief ! buriol-transit	stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
This certificate should cote, writing the word be forwarded to the C be used as a burial-tr removal, and in any	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISCASE OF CONDITION GIVEN IN PART (4)	1
ficat ing rded os c	Mere in transmer in the western the	u
is certificate, writing to, writing forward of used of removal.	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
This icote, be for ren	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21b. TIME OF INJURY Month, Doy, Year , 21b. TOWNNJURY OF REPORT FOR THE PORT 2. Its	YES NO
提 P P 9		ım 18.)
INER: e certif should files. 3 should rotion,	PRIMARY OF CONTRIBUTING HOURANT 196 P.M. 196 P.M. 21d. INJURY OCCURRED 21e-176 E OF WIRY (At home of street) 21f. U. W. Street or V. D. No. // City grown	fronts 1 . SAA
XAM te th ge 4 your oge crem	AT WORK AT WORK TO THE POLICE ON THE PROPERTY OF THE PROPERTY OF THE POLICE OF THE POL	west Ille
ICAL EXA e execute for, Page ed for yo CTOR: Pog buriol, cr	22a. I certify that I taak charge of the remains described above, held an Autapsy, Inspection, Inquiry	, and in my opinian
SICA please ex director. etained DIRECTO	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined monner	
ITY SIC.	ACTUAL CHIEF MEDICAL EXAMINER DAYS	from I
RAL RAL	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 220 DATE	right 1
ro DEPUTY necessary, the funeral 5 may be 10 FUNERAL Health pri	EXAMINER'S NAME (Type) ADDRESS(Street, city, town, ar county)	5/00
TO I the	230. BURIAL, CREMATION, REDOYATE 236. DATE 7 -9-68 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Washington National Cem. Suitland, Maryle	(Gunty) (Store)
08	24. FUNERAL DIRECTOR Wilhelm Funeral Home ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S	
VR A15ME DI	4308 Suitland Rd. SE, Suitland, Maryland DAUUL 16 1968 golong	as ludge

10 Person Leaves 1 Millian July That by leg tenning Mee to come our on the Concepted Marcon The the that they are # 10 Ward The state of the s The state of the s